CITY OF GRAPEVINE

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT (DEBITS)

CUSTO	MER NAME:	WATER A	CCT NUMBER:	
X	X			
initiate, if to my (ou depository	necessary, debit entries	of Grapevine to initiate and adjustments for any account (select one) indeer called DEPOSITORY,	credit entries in erro icated below and the	
YOUR BA	ANK NAME (DEPOSITO	RY):		
CITY:		STATE:	ZIP CODE:	
TRANSIT	/ABA NUMBER:	ACCOUNT NUMBE	ER:	
received time and	written notification from	force and effect until the Comme (or either of us) of its ford the City of Grapevine	s termination in such	
YOUR NAME (PLEASE PRINT):		YOUR NAME	YOUR NAME (PLEASE PRINT):	
DATE:	SIGNATURE:		PHONE:	
DATE:	SIGNATURE:		PHONE:	
	PLEASE INCLUDE	A VOIDED CHECK FOR VE	RIFICATION	

PLEASE INCLUDE A VOIDED CHECK FOR VERIFICATION
MAIL TO:
CITY OF GRAPEVINE
P.O. BOX 2503
GRAPEVINE, TEXAS 76099

Phone: (817) 410-3170 Fax: (817) 410-3032